

2013 DRAFTING REQUEST

Bill

Received: 12/3/2012	Received By: pkahler
Wanted: As time permits	Same as LRB:
For: André Jacque (608) 266-9870	By/Representing: Michael Murphy
May Contact:	Drafter: pkahler
Subject: Medical Assistance Mental Health - miscellaneous	Addl. Drafters: tdodge
Extra Copies:	

Submit via email: **YES**
 Requester's email: **Rep.Jacque@legis.wisconsin.gov**
 Carbon copy (CC) to: **cathlene.hanaman@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Medical Assistance benefits for autism and other support services; distribution of information

Instructions:

Redraft 2009 AB 141

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 1/4/2013	wjackson 1/24/2013		_____ _____			
/P1	mduchek 5/23/2013		rschluet 1/24/2013	_____ _____	mbarman 1/24/2013		State S&L
/P2	tdodge 6/14/2013	wjackson 6/4/2013	rschluet 6/4/2013	_____ _____	sbasford 6/4/2013		State S&L

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1		wjackson 6/20/2013	jmurphy 6/20/2013	_____ _____	lparisi 6/20/2013	lparisi 7/22/2013	State S&L

FE Sent For:

7/1/2013 12:00:00 AM

<END>

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/1		wjackson 6/20/2013	jmurphy 6/20/2013	_____	lparisi 6/20/2013		State S&L

FE Sent For:

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07/01/2013

("1")

Requested by
Jamie Julian

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 For: **André Jacque (608) 266-9870** By/Representing: **Michael Murphy**
 May Contact: Drafter: **pkahler**
 Subject: **Medical Assistance** Addl. Drafters: **tdodge**
Mental Health - miscellaneous

Extra Copies:

Submit via email: **YES**
 Requester's email: **Rep.Jacque@legis.wisconsin.gov**
 Carbon copy (CC) to: **cathlene.hanaman@legis.wisconsin.gov**

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1 wlj 6/20

Jm 6/20

self

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Wanted:	As time permits	Same as LRB:	
For:	André Jacque (608) 266-9870	By/Representing:	Michael Murphy
May Contact:		Drafter:	pkahler
Subject:	Health - miscellaneous Medical Assistance Mental Health - miscellaneous	Addl. Drafters:	tdodge
		Extra Copies:	MPG

Submit via email: **YES**
Requester's email: **Rep.Jacque@legis.wisconsin.gov**
Carbon copy (CC) to: **cathlene.hanaman@legis.wisconsin.gov**

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Topic:

MA benefits for autism and other support services; training and criteria for in-home autism service providers

Instructions:

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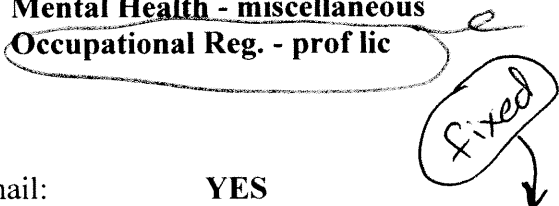
<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	5/23/2013	6/4/2013	6/4/2013	_____	6/4/2013		S&L

FE Sent For:

<END>

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Received:	12/3/2012	Received By:	mduchek
Wanted:	As time permits	Same as LRB:	
For:	Andre Jacque (608) 266-9870	By/Representing:	Michael Murphy
May Contact:		Drafter:	mduchek
Subject:	Health - miscellaneous Medical Assistance Mental Health - miscellaneous Occupational Reg. - prof lic	Addl. Drafters:	pkahler tdodge
		Extra Copies:	MPG
Submit via email:	YES		
Requester's email:	Rep.Jacque@legis.wisconsin.gov		
Carbon copy (CC) to:	cathlene.hanaman@legis.wisconsin.gov		

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/P1			rschuet 1/24/2013		mbarman 1/24/2013		State S&L

1/p2 WJ 6/4

Handwritten signature and date 1/24/2013

FE Sent For:

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Wanted:	As time permits	Same as LRB:	
For:	Andre Jacque (608) 266-9870	By/Representing:	Michael Murphy
May Contact:		Drafter:	mduchek
Subject:	Health - miscellaneous Medical Assistance Mental Health - miscellaneous Occupational Reg. - prof lic	Addl. Drafters:	pkahler tdodge
		Extra Copies:	MPG

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Carbon copy (CC) to: cathlene.hanaman@legis.wisconsin.gov

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/?	mduchek	1/11/12					
FE Sent For:							

<END>

Kahler, Pam

From: Murphy, Michael
Sent: Thursday, November 29, 2012 10:25 AM
To: Kahler, Pam
Subject: Bill Redraft Request

Hello Pam,

Could you redraft for our office 2009 LRB 1534 (Autism services)?

Thanks!

MICHAEL P. MURPHY

OFFICE OF STATE REPRESENTATIVE

André Jacque

2ND ASSEMBLY DISTRICT
P.O. Box 8953 • Madison, WI 53708-8952
(608) 266-9870 • Fax: (608) 282-3602
Toll-Free: (888) 534-0002
Rep.Jacque@legis.wi.gov

Kahler, Pam

From: Schneck, Carrie E - DHS <Carrie.Schneck@dhs.wisconsin.gov>
Sent: Thursday, January 03, 2013 5:27 PM
To: Kahler, Pam
Subject: Autism bill

Hi Pam,

Thank you for the opportunity to review the autism bill. The Department has the following comments/suggestions:

To be consistent with current terminology, "In home" in the first sentence of the analysis should be deleted and replaced with "autism treatment":

"Under current law, the Department of Health Services (DHS) provides ~~in-home~~ autism treatment services, under a Medical Assistance (MA) waiver of federal law, to children who have been diagnosed with an autism spectrum disorder and who would not otherwise be eligible for MA benefits."

We do have some concerns with the language related to licensure of paraprofessionals that is proposed in the bill. It would create a more complex apparatus for licensure of paraprofessionals than is in place for Behavior Analysts (Ch. 440, Subchapter III) who are often the lead professionals overseeing them. The Behavior Analyst licensure is based on certification by a national board.

Another concern is that the licensure language seems to apply to persons providing any service to someone with autism (personal care, day care, etc.). It should be clarified to apply to autism treatment services.

Carrie Schneck
Budget & Policy Analyst
State of Wisconsin
Department of Health Services
PO Box 7850
Madison, WI 53707-7850
608-266-5362

Please note: I am in the office Tuesday through Friday.

Kahler, Pam

From: Murphy, Michael
Sent: Wednesday, January 02, 2013 10:31 AM
To: Kahler, Pam
Cc: Julian, Jamie
Subject: RE: Bill Redraft Request

Hello Pam,

Thank you for your help on this - you certainly may contact DHS to confirm that the benefit still exists.

I have sent a courtesy copy of this email to Rep. Jacque's new legislative aide, Jamie Julian. She will be able to work with you from here forward.

Best Regards,

Michael P. Murphy

Office of Senator Glenn Grothman
20th Senate District
P.O. Box 7882
Madison, WI 53707-7882
(608) 266-7513
(800) 662-1227

From: Kahler, Pam
Sent: Wednesday, January 02, 2013 10:25 AM
To: Murphy, Michael
Subject: RE: Bill Redraft Request

Hi, Mike:

Two other drafters have been working on parts of this draft, and it has now reached me. Since the bill is a couple of sessions old, is it ok if I contact DHS just to make sure the autism benefit is still operating and that nothing has changed, such as the waiting list, etc.?

Pam

From: Murphy, Michael
Sent: Thursday, November 29, 2012 10:25 AM
To: Kahler, Pam
Subject: Bill Redraft Request

Hello Pam,

Could you redraft for our office 2009 LRB 1534 (Autism services)?

Thanks!

MICHAEL P. MURPHY

OFFICE OF STATE REPRESENTATIVE

André Jacque

2ND ASSEMBLY DISTRICT

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(608) 266-9870 • Fax: (608) 282-3602

Toll-Free: (888) 534-0002

Rep.Jacque@legis.wi.gov



State of Wisconsin
2009 - 2010 LEGISLATURE

In 1-4-12

-0698/PI

LRB-153442

~~WISCONSIN LEGISLATURE~~
MED/TSD/PJK:NLj:

2009 ASSEMBLY BILL 141

By
Friday
please.

D-note

March 13, 2009 - Introduced by Representatives NEWCOMER, PETERSEN, BIES, NYGREN, KLEEFISCH, VUKMIR, SPANBAUER, VAN ROY, SUDER, A. OTT, ROTH, LOTHIAN, HONADEL, VOS, TAUCHEN, KNODL, MURTHA, LEMAHIEU, GUNDERSON, MEYER and BROOKS, cosponsored by Senators LEIBHAM and SCHULTZ. Referred to Joint Committee on Finance.

Regen

- 1 AN ACT ~~to amend~~ 20.435 (4) (b); and **to create** 15.405 (6r), 20.435 (4) (c), 49.45
2 (38m), 51.03 (7), 146.85, 440.08 (2) (a) 15m. and chapter 462 of the statutes;
3 **relating to:** requiring distribution of autism-related information, requiring a
4 referral when certain diagnoses are made, providing funding for the Medical
5 Assistance autism benefit, ~~licensure of~~ ^{licensing of} autism paraprofessionals, creating ~~an~~ ^{the}
6 autism paraprofessional board, granting rule-making authority, and making
7 an appropriation.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) provides in-home services, under a Medical Assistance (MA) waiver of federal law, to children who have been diagnosed with an autism spectrum disorder and who would not otherwise be eligible for MA benefits. This bill requires DHS to provide autism services under the MA autism benefit to all individuals who are eligible for the services and prohibits DHS from using a waiting list to limit or delay the provision of those services to eligible individuals. The bill also creates a sum sufficient general purpose revenue appropriation to DHS for the autism benefit. In addition, DHS is required to seek a waiver or an amendment to the existing waiver if DHS determines that that is necessary for the provision of the services to all individuals who are eligible and to authorize federal financial participation for MA reimbursement for providing the services to all eligible individuals.

autism treatment

treatment

ASSEMBLY BILL 141

The bill requires a health care provider who diagnoses a patient with a condition, injury, or illness other than alcoholism, drug dependency, or mental illness, that requires further treatment, to provide the patient (or, if a minor, the patient's parent, guardian, or legal custodian) with any necessary and appropriate referral for further treatment or services.

In addition, the bill directs DHS to annually distribute to parents of children with autism information regarding therapies such parents may provide at home to complement the child's treatment or individualized education program. DHS must distribute the information to local educational agencies and physicians.

The bill requires licensure of persons who engage in autism paraprofessional practice, defined as the provision of services for compensation to an individual with autism for which current law does not require a licensure as a physician, physician assistant, nurse, chiropractor, pharmacist, psychologist, or other professional specified in the bill.

The bill creates an Autism Paraprofessional Board (board) composed of two psychiatrists, one pediatrician, one psychologist, one social worker, and two public members. The public members must each be the parent of a child who has been diagnosed with autism. The bill requires the board to promulgate rules that establish educational criteria and practice standards for autism paraprofessionals and permits the board to promulgate rules that create ethical standards and continuing education requirements for autism paraprofessionals.

Under the bill, the board may discipline an autism paraprofessional who does any of the following: 1) intentionally makes a material misstatement in an application for a license or for renewal; 2) engages in autism paraprofessional practice while impaired by alcohol or other drugs; 3) makes a substantial misrepresentation that is relied upon by a client; or 4) violates any law that substantially relates to autism paraprofessional practice.

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 15.405 (6r) of the statutes is created to read:

15.405 (6r) AUTISM PARAPROFESSIONAL BOARD. There is created an autism paraprofessional board in the department of regulation and licensing consisting of the following members appointed for staggered 4-year terms:

(a) Two board-certified psychiatrists who have expertise in providing services for individuals with autism.

by an individual who is not licensed

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of a child with autism

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ASSEMBLY BILL 141

SECTION 1

(b) One board-certified pediatrician who has expertise in services providing for individuals with autism.

(c) One psychologist licensed under s. 455.04 who has expertise in providing services for individuals with autism.

(d) One social worker certified or licensed under s. 457.08 who has expertise in providing services for individuals with autism.

(e) Two public members, each of whom is a parent of a child who has been diagnosed with autism.

SECTION 2. 20.435 (4) (b) of the statutes is amended to read:

20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, excluding amounts provided under par. (c), for a portion of the Badger Care health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers under s. 46.283, for services under the family care benefit under s. 46.284 (5), for assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, and for reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3. Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (7) (kb) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation account and may transfer between fiscal years funds that it transfers from the appropriation account

ASSEMBLY BILL 141

SECTION 2

4-4
1 under sub. (7) (kb) for the purposes specified in s. 46.485 (3r). Notwithstanding s.
2 20.002 (1), the department may transfer from this appropriation account to the
3 appropriation account under sub. (7) (bd) funds in the amount and for the purposes
4 specified in s. 49.45 (6v).

5 **SECTION 3.** 20.435 (4) (c) of the statutes is created to read:

6 20.435 (4) (c) *Medical Assistance autism benefit.* A sum sufficient for the state's
7 share of the Medical Assistance autism benefit to provide autism ^{treatment} services under the
8 children's long-term care Medical Assistance waiver program, as described under s.
9 49.45 (38m) and 2003 Wisconsin Act 33, section 9124 (8c).

10 **SECTION 4.** 49.45 (38m) of the statutes is created to read:

11 49.45 (38m) **AUTISM BENEFIT.** (a) The department shall provide autism ^{treatment} services
12 under the autism benefit program under the children's long-term care Medical
13 Assistance waiver program, as described under 2003 Wisconsin Act 33, section 9124
14 (8c), to all individuals who are eligible for the services and may not use a waiting list
15 to limit or delay the provision of services to eligible individuals.

16 (b) If the department determines that it needs a waiver or an amendment to
17 the waiver described under 2003 Wisconsin Act 33, section 9124 (8c), to provide the
18 services as required under par. (a) and to authorize federal financial participation
19 for Medical Assistance reimbursement for the services, the department shall request
20 from the secretary of the federal department of health and human services a waiver
21 or a waiver amendment to allow the department to provide the services as required
22 under par. (a) and to authorize federal financial participation for those services.

23 **SECTION 5.** 51.03 (7) of the statutes is created to read:

24 51.03 (7) The department shall annually ^{create and} distribute to parents of children with
25 autism information regarding therapies that a parent of a child with autism may

ASSEMBLY BILL 141

provide at home with the child to complement the child's treatment or individualized education program, as defined in s. 115.76 (9). In gathering information for distribution under this subsection, the department shall consult with teachers of special education, as defined in s. 115.76 (15); parents of autistic children; physicians; and representatives of organizations that advocate for the interests of children with disabilities. The department shall provide the information to local educational agencies, as defined in s. 115.76 (10), and physicians using a method determined by the department.

SECTION 6. 146.85 of the statutes is created to read:

146.85 Referral required. (1) A health care provider, as defined in s. 146.81 (1), who diagnoses a patient with a condition, injury, or illness, other than alcoholism, drug dependency, or mental illness, shall provide the patient or, if the patient is a minor, the patient's parent, guardian, or legal custodian, with any necessary and appropriate referral for treatment or services if the condition, injury, or illness requires further treatment or services.

SECTION 7. 440.08 (2) (a) 15m. of the statutes is created to read:

440.08 (2) (a) 15m. Autism paraprofessional: January 1 of each even-numbered year.

SECTION 8. Chapter 462 of the statutes is created to read:

CHAPTER 462

AUTISM PARAPROFESSIONALS

462.01 Definitions. In this chapter:

(1) "Board" means the autism paraprofessional board.

(2) "Autism paraprofessional practice" means the provision of services for compensation to an individual with autism that may be provided by an individual

move to next page, 6-2.

ASSEMBLY BILL 141

SECTION 8

1 who is not licensed under ^{ch.}chs 440, 441, 446, 447, 448, 449, 450, 451, 455, 457, 459,
2 or 460. ^{463.02}

3 **462.02 Licensure.** (1) No person may engage in autism paraprofessional
4 practice unless the person holds a license issued ^{under this chapter}by the board.

5 (2) The board may grant a license to engage in autism paraprofessional
6 practice to an applicant who submits an application on a form provided by the
7 department and pays the initial credential fee determined by the department under
8 s. 440.03 (9) (a).

9 (3) The renewal date for a license granted under this chapter is specified in s.
10 440.08 (2) (a). A renewal application shall be submitted to the department on a form
11 provided by the department and shall include the renewal fee determined by the
12 department under s. 440.03 (9) (a).

13 ^{463.03}**462.03 Rule making.** (1) The board shall promulgate rules that establish all
14 of the following:

15 (a) Educational criteria for licensure under this chapter.

16 (b) Practice standards for autism paraprofessional practice.

17 (2) The board may promulgate rules creating ethical standards and continuing
18 education requirements for autism paraprofessional practice.

19 ^{463.04}**462.04 Discipline.** (1) Subject to the rules promulgated under s. 440.03 (1),
20 the department may conduct investigations and hearings to determine whether a
21 violation of this chapter or any rule promulgated under this chapter has occurred.

22 (2) Subject to the rules promulgated under s. 440.03 (1), the department may
23 reprimand ^{a person licensed under this chapter}an autism paraprofessional or deny, limit, suspend, or revoke a license
24 granted under this chapter ^a(to an autism paraprofessional) if the department
25 determines the ^{a person}autism paraprofessional has done any of the following:

ASSEMBLY BILL 141

1 (a) Intentionally made a material misstatement in an application for a license
2 or for renewal of a license.

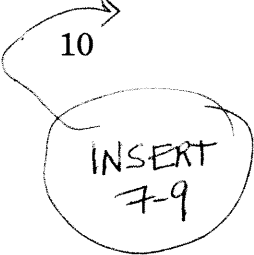
3 (b) Subject to ss. 111.321, 111.322, and 111.34, engaged in autism
4 paraprofessional practice while impaired by alcohol or other drugs.

5 (c) In the course of engaging in autism paraprofessional practice, made a
6 substantial misrepresentation that was relied upon by a client.

7 (d) Violated any law of this state or federal law that substantially relates to
8 autism paraprofessional practice, violated this chapter, or violated any rule
9 promulgated under this chapter.

10

(END)



INSERT
7-9

D-note

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0698/P1dn

MED:.....

+TJD

WJ

Date

Representative Jacque:

I took over the portion of this draft that relates to licensure of autism paraprofessionals. I made a few minor changes for style and consistency and have added some embedded notes to the bill for you to review. I also have the following questions about this bill:

1. Do you want to add a delayed effective date to give persons an opportunity to become licensed and for the Autism Paraprofessional Board to become established and promulgate rules?
2. Do you want to add penalties for persons who practice as autism paraprofessionals without a license or who violate any other provisions related to autism paraprofessional practice?

In addition, the Department of Health Services has expressed some concerns about the licensure requirements for autism paraprofessionals. We will provide your office with a copy of the e-mail in which they offer the feedback.

Michael Duchek
Legislative Attorney
Phone: (608) 266-0130
E-mail: michael.duchek@legis.wisconsin.gov

Insert TSD d-note



2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0698/P1insMD

.....

INS ANAL MD

The bill also provides that no person may engage in autism paraprofessional practice without a license.

INS 2-4

1 (a) Two physicians, as defined in s. 448.01 (5), who specialize in psychiatry and
2 who have expertise in providing services for individuals with autism.

3 (b) One physician, as defined in s. 448.01 (5), who specializes in pediatrics and
4 who has expertise in providing services for individuals with autism.

INS 6-2

****NOTE: This provision defines "autism paraprofessional practice" as the provision of services to individuals with autism that may be provided by an individual who is not licensed as one of several other professionals. I recommend instead providing a basic definition of what autism paraprofessional practice is and specifying, if necessary, that a person otherwise licensed and acting within the scope of their practice is not required to have an autism paraprofessional license. Please let me know if you would like me to attempt to supply such a definition, or if you would like to supply one. Here is a definition that I came up with based on some basic investigation I did into what the practice entails:

this or her
Please also see the e-mail from DHS in which they offer further comments.

"Autism paraprofessional practice" means the provision of instruction, behavioral support, or other services, in exchange for compensation, that are provided to an individual with autism alongside one or more other professionals.

INS 6-4

5 (2) The board may grant a license to engage in autism paraprofessional
6 practice to an applicant if all of the following apply:

7 (a) The applicant submits an application on a form provided by the department.

8 (b) The applicant pays the initial credential fee determined by the department
9 under s. 440.03 (9) (a).

10 (c) The board determines that the person meets the requirements established
11 by the board under s. 463.03.

12 (3) The renewal date for a license issued under this chapter is specified in s.
13 440.08 (2) (a). A person renewing a license under this chapter shall submit an

applicant

**2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0698/?ins
PJK:.....

INSERT 4-4

SECTION 1. 20.435 (4) (b) of the statutes is amended to read:

20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under subch. IV of ch. 49, excluding amounts provided under par. (c), for a portion of the Badger Care health care program under s. 49.665, to provide a portion of the Medical Assistance program benefits administered under subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers under s. 46.283, for services under the family care benefit under s. 46.284 (5), for assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, and for reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3. Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (5) (kc) funds in the amount of and for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the department may credit or deposit into this appropriation account and may transfer between fiscal years funds that it transfers from the appropriation account under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002 (1), the department may transfer from this appropriation account to the appropriation account under sub. (7) (bd) funds in the amount and for the purposes specified in s. 49.45 (6v).

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404,

417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334; 2011 a. 32, 70, 257; s. 35.17 correction in (4) (gr).

(and of ins 4-4)

1 application to the department using a form provided by the department with the
2 renewal fee determined by the department under s. 440.03 (9) (a).

INS 7-9

SECTION 1. Nonstatutory provisions.

3
4 (1) AUTISM PARAPROFESSIONAL BOARD. Notwithstanding the length of terms of the
5 members of the autism paraprofessional board specified in section 15.405 (6r) of the
6 statutes, as created by this act, the initial members shall be appointed for the
7 following terms:

8 (a) One member for a term that expires on July 1, 2015.

9 (b) Two members for a term that expires on July 1, 2016.

10 (c) Two members for a term that expires on July 1, 2017.

11 (d) Two members for a term that expires on July 1, 2018.

****NOTE: I added this provision because it is now our practice to put specific provisions in bills ~~so as~~ to stagger the terms of board members so they don't all expire at the same time. Is that OK? If so, let me know if you want to change the dates for the staggering or specify when specific members are appointed.

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0698/P1dnTD

TJD:.....

(INSERT INTO MED's D-NOTE)

Please note that I altered the language of s. 51.03 (7), which is created in this draft. The first and last sentence of that section seemed in conflict as to how DHS is required to distribute the materials. I assumed that DHS distributes the information on home autism therapies to educational agencies and physicians, who then distribute them to parents. If this is not the case, I am not sure how DHS would distribute the materials directly to parents as DHS would only know of those individuals who are participating in the Medical Assistance waiver program providing autism services and not all individuals with autism. Please advise if you would like this provision changed.

I am unsure why s. 146.85, created in this draft, is in this draft and really why it is needed at all. Is there a specific problem this provision is intended to solve? The provision requires health care providers to make any necessary and appropriate referral for treatment or services for conditions but not including mental illnesses. If a referral is, in the determination of the health care provider, necessary and appropriate, isn't the health care provider making that referral now? Currently, a health care provider would determine whether a referral for treatment or services is necessary and appropriate. Does this provision give DHS a role in making that determination? Also, I do not understand what this is doing in a draft about autism. There is no definition of mental illness in chapter 146 so a general dictionary definition would apply. From what I know, autism is widely regarded as a mental illness. Therefore, this provision would not require health care providers to provide a necessary and appropriate referral for treatment of autism. By its wording, the provision implies that health care providers diagnosing mental illnesses do not have to make a necessary and appropriate referral for treatment of a mental illness, such as autism. Please advise whether you would like changes to newly created s. 146.85. If you decide to keep s. 146.85 in the draft, please let me know which of the health care providers listed in s. 146.81 (1) you would like to comply with this provision. That definition of health care provider in s. 146.81 (1) includes both individual providers and facilities, and it is ambiguous to have, for example, both a physician and a hospital required to make a referral for the diagnosis made by the physician. That definition also includes providers, such as massage therapists, who do not normally make a diagnosis in the way that most people would construe the term diagnosis.

Tamara J. Dodge
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DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0698/P1dn
MED&TJD:wlj:rs

January 23, 2013

Representative Jacque:

I took over the portion of this draft that relates to licensure of autism paraprofessionals. I made a few minor changes for style and consistency and have added some embedded notes to the bill for you to review. I also have the following questions about this bill:

1. Do you want to add a delayed effective date to give persons an opportunity to become licensed and for the Autism Paraprofessional Board to become established and promulgate rules?
2. Do you want to add penalties for persons who practice as autism paraprofessionals without a license or who violate any other provisions related to autism paraprofessional practice?

In addition, the Department of Health Services has expressed some concerns about the licensure requirements for autism paraprofessionals. We will provide your office with a copy of the e-mail in which they offer the feedback.

Michael Duchek
Legislative Attorney
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E-mail: michael.duchek@legis.wisconsin.gov

Please note that I altered the language of s. 51.03 (7), which is created in this draft. The first and last sentence of that subsection seemed in conflict as to how DHS is required to distribute the materials. I assumed that DHS distributes the information on home autism therapies to educational agencies and physicians, who then distribute the information to parents. If this is not the case, I am not sure how DHS would distribute the materials directly to parents as DHS would know of only those individuals who are participating in the Medical Assistance waiver program providing autism services and not all individuals with autism. Please advise if you would like this provision changed.

I am unsure why s. 146.85, created in this draft, is needed. Is there a specific problem this provision is intended to solve? The provision requires health care providers to make any necessary and appropriate referral for treatment or services for conditions but not including mental illnesses. If a referral is, in the determination of the health care provider, necessary and appropriate, isn't the health care provider making that referral now? Currently, a health care provider would determine whether a referral for treatment or services is necessary and appropriate. Does this provision give DHS a role in making that determination? Also, I do not understand what this is doing in a draft about autism. There is no definition of mental illness in chapter 146, stats., so a general dictionary definition would apply. From what I know, autism is widely regarded as a mental illness. Therefore, this provision would not require health care providers to provide a necessary and appropriate referral for treatment of autism. By its wording, the provision implies that health care providers diagnosing mental illnesses do not have to make a necessary and appropriate referral for treatment of a mental illness, such as autism. Please advise whether you would like changes to created s. 146.85. If you decide to keep s. 146.85 in the draft, please let me know which of the health care providers listed in s. 146.81 (1), stats., you would like to comply with this provision. That definition of health care provider in s. 146.81 (1), stats., includes both individual providers and facilities, and it is ambiguous to have, for example, both a physician and a hospital required to make a referral for the diagnosis made by the physician. That definition also includes providers such as massage therapists, who do not normally make a diagnosis in the way that most people would construe the term "diagnosis."

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State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0698/P1

MED/TJD/PJK:wljrs

(E)

RMR

Stays

In: 5/24/13

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

D-note

Reger

- 1 AN ACT *to amend* 20.435 (4) (b); and *to create* 15.405 (6r), 20.435 (4) (c), 49.45
2 (38m), 51.03 (7), 146.85, 440.08 (2) (a) 15g. and chapter 463 of the statutes;
3 **relating to:** requiring distribution of autism-related information, requiring a
4 referral when certain diagnoses are made, providing funding for the Medical
5 Assistance autism benefit, licensing of autism paraprofessionals, creating the
6 autism paraprofessional board, granting rule-making authority, and making
7 an appropriation.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) provides autism treatment services, under a Medical Assistance (MA) waiver of federal law, to children who have been diagnosed with an autism spectrum disorder and who would not otherwise be eligible for MA benefits. This bill requires DHS to provide autism treatment services under the MA autism benefit to all individuals who are eligible for the services and prohibits DHS from using a waiting list to limit or delay the provision of those services to eligible individuals. The bill also creates a sum sufficient general purpose revenue appropriation to DHS for the autism benefit. In addition, DHS is required to seek a waiver or an amendment to the existing waiver if DHS determines that that is necessary for the provision of the services to all individuals who are eligible and to authorize federal financial participation for MA reimbursement for providing the services to all eligible individuals.

The bill requires a health care provider who diagnoses a patient with a condition, injury, or illness other than alcoholism, drug dependency, or mental illness, that requires further treatment, to provide the patient (or, if a minor, the patient's parent, guardian, or legal custodian) with any necessary and appropriate referral for further treatment or services.

also In addition, the bill directs DHS to annually create and distribute information regarding therapies that a parent of a child with autism may provide at home to complement the child's treatment or individualized education program. DHS must distribute the information to local educational agencies and physicians.

The bill requires licensure of persons who engage in autism paraprofessional practice, defined as the provision of services for compensation to an individual with autism by an individual who is not licensed as a physician, physician assistant, nurse, chiropractor, pharmacist, psychologist, or other professional specified in the bill. The bill also provides that no person may engage in autism paraprofessional practice without a license.

The bill creates the Autism Paraprofessional Board (board) composed of two psychiatrists, one pediatrician, one psychologist, one social worker, and two public members. The public members must each be the parent of a child who has been diagnosed with autism. The bill requires the board to promulgate rules that establish educational criteria and practice standards for autism paraprofessionals and permits the board to promulgate rules that create ethical standards and continuing education requirements for autism paraprofessionals.

Under the bill, the board may discipline a licensed autism paraprofessional who does any of the following: 1) intentionally makes a material misstatement in an application for a license or license renewal; 2) engages in autism paraprofessional practice while impaired by alcohol or other drugs; 3) makes a substantial misrepresentation that is relied upon by a client; or 4) violates any law that substantially relates to autism paraprofessional practice.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 15.405 (6r) of the statutes is created to read:

2 15.405 (6r) AUTISM PARAPROFESSIONAL BOARD. There is created an autism
3 paraprofessional board in the department of safety and professional services
4 consisting of the following members appointed for 4-year terms:

5 (a) Two physicians, as defined in s. 448.01 (5), who specialize in psychiatry and
6 who have expertise in providing services for individuals with autism.

1 (b) One physician, as defined in s. 448.01 (5), who specializes in pediatrics and
2 who has expertise in providing services for individuals with autism.

3 (c) One psychologist licensed under s. 455.04 who has expertise in providing
4 services for individuals with autism.

5 (d) One social worker certified or licensed under s. 457.08 who has expertise
6 in providing services for individuals with autism.

7 (e) Two public members, each of whom is a parent of a child who has been
8 diagnosed with autism.

9 **SECTION 2.** 20.435 (4) (b) of the statutes is amended to read:

10 20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts
11 in the schedule to provide a portion of the state share of Medical Assistance program
12 benefits administered under subch. IV of ch. 49, excluding amounts provided under
13 par. (c), for a portion of the Badger Care health care program under s. 49.665, to
14 provide a portion of the Medical Assistance program benefits administered under
15 subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project
16 under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999
17 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers
18 under s. 46.283, for services under the family care benefit under s. 46.284 (5), for
19 assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, and for
20 reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3.
21 Notwithstanding s. 20.002 (1), the department may transfer from this appropriation
22 account to the appropriation account under sub. (5) (kc) funds in the amount of and
23 for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002
24 (1), the department may credit or deposit into this appropriation account and may
25 transfer between fiscal years funds that it transfers from the appropriation account

1 under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). Notwithstanding s.
2 20.002 (1), the department may transfer from this appropriation account to the
3 appropriation account under sub. (7) (bd) funds in the amount and for the purposes
4 specified in s. 49.45 (6v).

5 **SECTION 3.** 20.435 (4) (c) of the statutes is created to read:

6 20.435 (4) (c) *Medical Assistance autism benefit.* A sum sufficient for the state's
7 share of the Medical Assistance autism benefit to provide autism treatment services
8 under the children's long-term care Medical Assistance waiver program, as
9 described under s. 49.45 (38m) and 2003 Wisconsin Act 33, section 9124 (8c).

10 **SECTION 4.** 49.45 (38m) of the statutes is created to read:

11 49.45 (38m) AUTISM BENEFIT. (a) The department shall provide autism
12 treatment services under the autism benefit under the children's long-term care
13 Medical Assistance waiver program, as described under 2003 Wisconsin Act 33,
14 section 9124 (8c), to all individuals who are eligible for the services and may not use
15 a waiting list to limit or delay the provision of services to eligible individuals.

16 (b) If the department determines that it needs a waiver or an amendment to
17 the waiver described under 2003 Wisconsin Act 33, section 9124 (8c), to provide the
18 services as required under par. (a) and to authorize federal financial participation
19 for Medical Assistance reimbursement for the services, the department shall request
20 from the secretary of the federal department of health and human services a waiver
21 or a waiver amendment to allow the department to provide the services as required
22 under par. (a) and to authorize federal financial participation for those services.

23 **SECTION 5.** 51.03 (7) of the statutes is created to read:

24 51.03 (7) The department shall annually create and distribute information
25 regarding therapies that a parent of a child with autism may provide at home with

1 the child to complement the child's treatment or individualized education program,
2 as defined in s. 115.76 (9). In gathering information for distribution under this
3 subsection, the department shall consult with teachers of special education, as
4 defined in s. 115.76 (15); parents of autistic children; physicians; and representatives
5 of organizations that advocate for the interests of children with disabilities. The
6 department shall provide the information to local educational agencies, as defined
7 in s. 115.76 (10), and physicians using a method determined by the department.

8 **SECTION 6.** 146.85 of the statutes is created to read:

9 **146.85 Referral required.** A health care provider, as defined in s. 146.81 (1),
10 who diagnoses a patient with a condition, injury, or illness, other than alcoholism,
11 drug dependency, or mental illness, shall provide the patient or, if the patient is a
12 minor, the patient's parent, guardian, or legal custodian, with any necessary and
13 appropriate referral for treatment or services if the condition, injury, or illness
14 requires further treatment or services.

15 **SECTION 7.** 440.08 (2) (a) 15g. of the statutes is created to read:

16 440.08 (2) (a) 15g. Autism paraprofessional: January 1 of each even-numbered
17 year.

18 **SECTION 8.** Chapter 463 of the statutes is created to read:

19 **CHAPTER 463**

20 **AUTISM PARAPROFESSIONALS**

21 **463.01 Definitions.** In this chapter:

22 (1) "Autism paraprofessional practice" means the provision of services for
23 compensation to an individual with autism that may be provided by an individual
24 who is not licensed under ch. 440, 441, 446, 447, 448, 449, 450, 451, 455, 457, 459,
25 or 460.

****NOTE: This provision defines "autism paraprofessional practice" as the provision of services to individuals with autism that may be provided by an individual who is not licensed as one of several other professionals. I recommend instead providing a basic definition of what autism paraprofessional practice is and specifying, if necessary, that a person otherwise licensed and acting within the scope of his or her practice is not required to have an autism paraprofessional license. Please let me know if you would like me to attempt to supply such a definition, or if you would like to supply one. Please also see the e-mail from DHS in which they offer further comments. Here is a definition that I came up with based on some basic investigation I did into what the practice entails:

"Autism paraprofessional practice" means the provision of instruction, behavioral support, or other services, in exchange for compensation, that are provided to an individual with autism alongside one or more other professionals.

(2) "Board" means the autism paraprofessional board.

463.02 Licensure. (1) No person may engage in autism paraprofessional practice unless the person holds a license issued under this chapter.

(2) The board may grant a license to engage in autism paraprofessional practice to an applicant if all of the following apply:

(a) The applicant submits an application on a form provided by the department.

(b) The applicant pays the initial credential fee determined by the department under s. 440.03 (9) (a).

(c) The board determines that the applicant meets the requirements established by the board under s. 463.03.

(3) The renewal date for a license issued under this chapter is specified in s. 440.08 (2) (a). A person renewing a license under this chapter shall submit an application to the department using a form provided by the department with the renewal fee determined by the department under s. 440.03 (9) (a).

463.03 Rule making. (1) The board shall promulgate rules that establish all of the following:

(a) Educational criteria for licensure under this chapter.

(b) Practice standards for autism paraprofessional practice.

1 (2) The board may promulgate rules creating ethical standards and continuing
2 education requirements for autism paraprofessional practice.

3 **463.04 Discipline.** (1) Subject to the rules promulgated under s. 440.03 (1),
4 the department may conduct investigations and hearings to determine whether a
5 violation of this chapter or any rule promulgated under this chapter has occurred.

6 (2) Subject to the rules promulgated under s. 440.03 (1), the department may
7 reprimand a person licensed under this chapter or deny, limit, suspend, or revoke a
8 license granted under this chapter if the department determines the person has done
9 any of the following:

10 (a) Intentionally made a material misstatement in an application for a license
11 or for renewal of a license.

12 (b) Subject to ss. 111.321, 111.322, and 111.34, engaged in autism
13 paraprofessional practice while impaired by alcohol or other drugs.

14 (c) In the course of engaging in autism paraprofessional practice, made a
15 substantial misrepresentation that was relied upon by a client.

16 (d) Violated any law of this state or federal law that substantially relates to
17 autism paraprofessional practice, violated this chapter, or violated any rule
18 promulgated under this chapter.

19 **SECTION 9. Nonstatutory provisions.**

20 (1) AUTISM PARAPROFESSIONAL BOARD. Notwithstanding the length of terms of the
21 members of the autism paraprofessional board specified in section 15.405 (6r) of the
22 statutes, as created by this act, the initial members shall be appointed for the
23 following terms:

24 (a) One member for a term that expires on July 1, 2015.

25 (b) Two members for a term that expires on July 1, 2016.

SECTION 9

1 (c) Two members for a term that expires on July 1, 2017.

2 (d) Two members for a term that expires on July 1, 2018.

****NOTE: I added this provision because it is now our practice to put specific provisions in bills to stagger the terms of board members so they don't all expire at the same time. Is that OK? If so, let me know if you want to change the dates for the staggering or specify when specific members are appointed.

3 (END)

le
D-note

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0698/P2dnTD

TJD:/:....

WJ

Date

To Representative Jacque:

Please review this preliminary draft to ensure it complies with your intent to remove the licensure portions of the draft. Please also note that, after a conversation with Jamie Julian of your office, this version of the draft removes the referral requirement that had been created in s. 146.85. ✓

Should you have any questions or redraft instructions or if you want an introducible version of this draft, please contact me.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0698/P2dn
TJD:wlj:rs

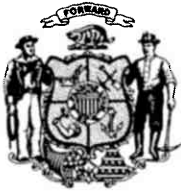
June 4, 2013

To Representative Jacque:

Please review this preliminary draft to ensure it complies with your intent to remove the licensure portions of the draft. Please also note that, after a conversation with Jamie Julian of your office, this version of the draft removes the referral requirement that had been created in s. 146.85.

Should you have any questions or redraft instructions or if you want an introducible version of this draft, please contact me.

Tamara J. Dodge
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State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0698(P2)
TJD&PJK:vl:6

In: 6/14/13 soon

RMR
stays

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

2010 BILL

put
6/20
jm

Regen

1 AN ACT *to amend* 20.435 (4) (b); and *to create* 20.435 (4) (c), 49.45 (38m) and
2 51.03 (7) of the statutes; **relating to:** requiring distribution of autism-related
3 information, providing funding for the Medical Assistance autism benefit, and
4 making an appropriation.

Analysis by the Legislative Reference Bureau

Under current law, the Department of Health Services (DHS) provides autism treatment services, under a Medical Assistance (MA) waiver of federal law, to children who have been diagnosed with an autism spectrum disorder and who would not otherwise be eligible for MA benefits. This bill requires DHS to provide autism treatment services under the MA autism benefit to all individuals who are eligible for the services and prohibits DHS from using a waiting list to limit or delay the provision of those services to eligible individuals. The bill also creates a sum sufficient general purpose revenue appropriation to DHS for the autism benefit. In addition, DHS is required to seek a waiver or an amendment to the existing waiver if DHS determines that that is necessary for the provision of the services to all individuals who are eligible and to authorize federal financial participation for MA reimbursement for providing the services to all eligible individuals.

The bill also directs DHS to annually create and distribute information regarding therapies that a parent of a child with autism may provide at home to complement the child's treatment or individualized education program. DHS must distribute the information to local educational agencies and physicians.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 20.435 (4) (b) of the statutes is amended to read:

2 20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts
3 in the schedule to provide a portion of the state share of Medical Assistance program
4 benefits administered under subch. IV of ch. 49, excluding amounts provided under
5 par. (c), for a portion of the Badger Care health care program under s. 49.665, to
6 provide a portion of the Medical Assistance program benefits administered under
7 subch. IV of ch. 49 that are not also provided under par. (o), to fund the pilot project
8 under s. 46.27 (9) and (10), to provide a portion of the facility payments under 1999
9 Wisconsin Act 9, section 9123 (9m), to fund services provided by resource centers
10 under s. 46.283, for services under the family care benefit under s. 46.284 (5), for
11 assisting victims of diseases, as provided in ss. 49.68, 49.683, and 49.685, and for
12 reduction of any operating deficits as specified in 2005 Wisconsin Act 15, section 3.
13 Notwithstanding s. 20.002 (1), the department may transfer from this appropriation
14 account to the appropriation account under sub. (5) (kc) funds in the amount of and
15 for the purposes specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002
16 (1), the department may credit or deposit into this appropriation account and may
17 transfer between fiscal years funds that it transfers from the appropriation account
18 under sub. (5) (kc) for the purposes specified in s. 46.485 (3r). Notwithstanding s.
19 20.002 (1), the department may transfer from this appropriation account to the
20 appropriation account under sub. (7) (bd) funds in the amount and for the purposes
21 specified in s. 49.45 (6v).

1 **SECTION 2.** 20.435 (4) (c) of the statutes is created to read:

2 20.435 (4) (c) *Medical Assistance autism benefit.* A sum sufficient for the state's
3 share of the Medical Assistance autism benefit to provide autism treatment services
4 under the children's long-term care Medical Assistance waiver program, as
5 described under s. 49.45 (38m) and 2003 Wisconsin Act 33, section 9124 (8c).

6 **SECTION 3.** 49.45 (38m) of the statutes is created to read:

7 **49.45 (38m) AUTISM BENEFIT.** (a) The department shall provide autism
8 treatment services under the autism benefit under the children's long-term care
9 Medical Assistance waiver program, as described under 2003 Wisconsin Act 33,
10 section 9124 (8c), to all individuals who are eligible for the services and may not use
11 a waiting list to limit or delay the provision of services to eligible individuals.

12 (b) If the department determines that it needs a waiver or an amendment to
13 the waiver described under 2003 Wisconsin Act 33, section 9124 (8c), to provide the
14 services as required under par. (a) and to authorize federal financial participation
15 for Medical Assistance reimbursement for the services, the department shall request
16 from the secretary of the federal department of health and human services a waiver
17 or a waiver amendment to allow the department to provide the services as required
18 under par. (a) and to authorize federal financial participation for those services.

19 **SECTION 4.** 51.03 (7) of the statutes is created to read:

20 **51.03 (7)** The department shall annually create and distribute information
21 regarding therapies that a parent of a child with autism may provide at home with
22 the child to complement the child's treatment or individualized education program,
23 as defined in s. 115.76 (9). In gathering information for distribution under this
24 subsection, the department shall consult with teachers of special education, as
25 defined in s. 115.76 (15); parents of autistic children; physicians; and representatives

SECTION 4

1 of organizations that advocate for the interests of children with disabilities. The
2 department shall provide the information to local educational agencies, as defined
3 in s. 115.76 (10), and physicians using a method determined by the department.

4 (END)

Parisi, Lori

From: Julian, Jamie
Sent: Monday, July 22, 2013 2:51 PM
To: LRB.Legal
Subject: Draft Review: LRB -0698/1 Topic: Medical Assistance benefits for autism and other support services; distribution of information

Please Jacket LRB -0698/1 for the ASSEMBLY.

Memo

To: Representative **Jacque**

Per your request ... the attached fiscal estimate was prepared for your un-introduced 2013 session draft.

LRB Number: LRB 13-0698

Version: “/1”

Fiscal Estimate Prepared By: DHS

If you have questions about the enclosed fiscal estimate, you may contact the state agency representative that prepared the fiscal estimate. If you disagree with the enclosed fiscal estimate, please contact the LRB drafter of your proposal to discuss your options under the fiscal estimate procedure.

Entered In Computer And Copy Sent To Requester Via E-Mail: 7 / 26 / 2013

*** * * * ***

To: LRB – Legal Section PA's

Subject: *Fiscal Estimate Received For An Un-introduced Draft*

> If re-drafted ... please insert this cover sheet and attached early fiscal estimate into the drafting file “guts” ... after the draft's old version (the version that this fiscal estimate was based on), and just before re-draft of the updated version.

> If introduced ... please make sure the attached fiscal estimate is for the **current version** ... write the draft's new introduction number below and give this packet to Mike (or Lori) to re-process the fiscal estimate (w/intro. number included).

THIS DRAFT WAS INTRODUCED AS: 2013

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Parisi, Lori

From: Parisi, Lori
Sent: Friday, July 26, 2013 2:29 PM
To: Rep.Jacque
Subject: LRB 13-0698/1 (un-introduced) (FE by DHS attached for your review) (Subject: Medical Assistance benefits for autism.....
Attachments: FE-0698_DHS.PDF